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CONTINUED EXAMINATION (RCE) TRANSMITTAL

FOR

Address to: **Commissioner for Patents Box RCE** Washington, DC 20231

Rebecca S., Tinio

Name (Print/Type)

Signature

Application Number	09/153,133			
Filing Date	09/15/1998			
First Named Inventor	D. Duke Lee et al.			
Art Unit	1615			
Examiner Name	S. Sharareh			
Attorney Docket Number	112430.129US2			

05/21/2002

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, JUN 1: 2 2002 TECH CENTER 1500/2900 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2. Submission required under 37 CFR 1.114 a. Previously submitted Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on ____ (Any unentered amendment(s) referred to above will be entered). Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____ b. A Enclosed ✓ Amendment/Reply Information Disclosure Statement (IDS) Other ii. Affidavit(s)/Declaration(s) Miscellaneous Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required) Other Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to 08-0219 Deposit Account No._____ 06/10/2002 SDENBUB1 00000068 080219 09153133 RCE fee required under 37 CFR 1.17(e) ii. Extension of time fee (37 CFR 1.136 and 1.17) 370.00 CH 01 FC:279 iii. Dother b. Check in the amount of \$_____ enclosed c. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name (Print /Type) Mary Rose Scozzafava, Ph.D. Registration No. (Attorney/Agent) 36,268 Signature 05/21/2002 CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as frst class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

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